FORM B10 (Official Form 10)(4/01)							
UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (COEUR	(D'ALEN)	PROOF OF CLAIM					
Name of Debtor	Case Number	COURTS					
Frank I. Chapin	02-20218 (1	5 WUUNTS					
Sydney L Gutierrez-Chapin	<u> </u>	02 MFR 14 PM 12: 42					
NOTE: This form should not be used to make a daim for	an administrative expense arising after	] = 111 /1   111 /2 - 42					
the commencement of the case. A "request" for payment of pursuant to 11 U.S.C. \$503	an administrative expense may be med	and the state of t					
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that						
owes money or property);	anyone else has filed a proof of						
Finney & Finney Name and Address where notices should be sent:	claim relating to your claim. Attach						
	copy of statement giving particulars.  Check box if you have never	,_,_,_					
Finney & Finney	received any notices from the						
120 Lake Street Ste 317 Sandpoint, ID 83864	bankruptcy court in this case.						
	☑ Check box if the address differs	THIS SPACE IS FOR COURT USE ONLY					
	from the address on the envelope sent to you by the court.						
Telephone Number: (208) 263-7712							
Account or other number by which creditor identifies debtor;	Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated						
1. Basis for Claim	Retiree benefits as defined in 11 U.S.C						
☐ Goods sold	☐ Wages, salaries, and compensation (fil	l out below)					
Services performed	Your SS #:						
☐ Money loaned	Unpaid compensation for services peri	formed					
☐ Personal injury/wrongful death ☐ Taxes	fromto(date)	<u> </u>					
Other	(date) (date)						
2. Date debt was incurred: 11/13/01	3. If court judgment, date obtained:						
4. Total Amount of Claim at Time Case Filed:	\$ 719-51 **See attach	ed copy of ledger					
If all or part of your claim is secured or entitled to priority, also con	riplete item b of o below.	<del>-</del>					
☐ Check this box if claim includes interest or other charges in add	lition to the principal amount of the claim, A	Attach itemized statement of all					
interest or additional charges.  5. Secured Claim.	6. Unsecured Priority Claim.						
Check this box if your claim is secured by collateral	☐ Check this box if you have an unsecured	d priority claim					
(including a right of setoff).	Amount entitled to priority 5						
Brief Description of Collateral;	Specify the priority of the claim:						
Real Estate  Motor Vehicle	☐ Wages, salaries, or commissions (up to !	\$4,650),* earned within 90 days					
Other	before filing of the bankruptcy petition business, whichever is earlier - 11 U.S.0						
Value of Collateral: \$	☐ Contributions to an employee benefit pl	an - 11 U.S.C. §5()7(a)(4),					
	☐ Up to \$ 2,100* of deposits toward purch	hase, lease, or rental of property or					
	scrvices for personal, family, or househousehousehousehousehousehousehouse						
	☐ Alimony, maintenance, or support owed child - 11 U.S.C. § 507(a)(7).	to a spouse, former spouse, or					
Amount of arrearage and other charges at time case filed	☐ Taxes or penalties owed to governments	ni units - 11 U.S.C. 8 507(a)(8)					
included in secured claim, if any: 5	☐ Other - Specify applicable paragraph of	11 U.S.C. § 507(a)().					
	*Amounts are subject to adjustment on 4/1	1/04 and every 3 years thereafter					
	with respect to cases commenced on or	after the date of adjustment.					
<ol> <li>Credits: The amount of all payments on this claim has been making this proof of claim.</li> </ol>	recented and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY					
8. Supporting Documents: Attach copies of supporting docume	ents, such as promissory notes purchase						
orders, invoices, itemized statements of running accounts, contri	acts, court judgments, mortgages, security						
agreements, and evidence of perfection of lien. DO NOT SI	END ORIGINAL DOCUMENTS. If the						
documents are not available, explain. If the documents are volun  9. Date-Stamped Copy: To receive an acknowledgment of the fili							
i sa materoramipor Copy: 10 receive an acknowledgment of the Bil-	ng or your viaim, enclose a stamped, self- I						

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Finney & Finney, P.A., John A. Finney, Attorney

Penalty for presenting fraudulent claim; Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571. Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

Date

3-13-2002

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